

Briefing for the Wisconsin eHealth Board
State and National Developments
March 23, 2006

ORGANIZATIONS AND INITIATIVES	STATUS / NEWS
National public sector organizations	
<p>Department of Health and Human Services</p> <p>1. Agency for Healthcare Research and Quality (AHRQ)</p> <p>Carolyn Clancy, Director</p> <p>Scott Young, Director Health IT</p> <p>www.healthit.ahrq.gov</p>	<p>AHRQ recently launched the National Resource Center for Health Information Technology to assist the health care community in adopting health information technology – the web site includes a library with links to more than 5000 health care IT resources identified by AHRQ experts and partners.</p> <p>They have also introduced an evaluation toolkit to help project teams think through the process of creating a plan to evaluate their health information technology project – it offers insight into measures to satisfy stakeholders, cost considerations and potential pitfalls and provides examples of a variety of implementation projects.</p> <p><i>Funding portfolio</i> AHRQ funds activities in technology related to clinical data repository, clinical decision support, computerized physician order entry, consumer health, continuity of care records, electronic medication administration records, electronic prescribing, health information exchange, medical information systems, personal health records, results reporting and telehealth. Projects occur in the following health care centers: ambulatory, behavioral health, community health center, emergency, health department, home health care, hospice, inpatient, long term care, and pharmacy.</p> <p><i>e-Prescribing pilot</i> In January 2006 the agency awarded close to \$6 million in grants to conduct tests of electronic prescribing standards under Medicare Part D. Feedback from the pilots could be used to develop final standards for electronic prescribing in 2008. Under the project, administered jointly by AHRQ and CMS, four grantee teams will measure several e-prescribing standards and their influence on improving patient safety, medication compliance and work flow. The contracts for \$2 million each were awarded to Rand Corporation for work in New Jersey, SureScripts for a project with Brown University and six states; Boston's Brigham and Women's Hospital and physician practices in Massachusetts, and to Achieve Healthcare Information Technology to work with nursing facilities and pharmacies in Minnesota.</p> <p><i>Healthcare Cost and Utilization Project (HCUP)</i> This is a family of health care databases and related software tools and products delivered through a</p>

ORGANIZATIONS AND INITIATIVES	STATUS / NEWS
	<p>federal-state-industry partnership. It includes the largest collection of longitudinal hospital care data in the U.S. These databases enable research on a broad range of health policy issues including cost and quality of health services, medical practice patterns, access to health care programs and outcomes of treatments at the national, state and market levels.</p> <p>The Ambulatory Care Quality Alliance initiative is funding projects in six states including the Wisconsin Collaborative for Health Care Quality to measure the quality of care provided in doctors' offices. The ACTION project ("Accelerating Change and Transformation in Organizations and Networks") is a network of 15 healthcare delivery based partnerships that represent all 50 states. One is led by Aurora Health Care in Milwaukee. Five of the 15 partnerships involve Wisconsin organizations.</p>
<p>2. Centers for Disease Control and Prevention (CDC)</p> <p>Julie Gerberding, Director</p> <p>www.cdc.gov</p>	<p>CDC leads the development of a national public health system - the Public Health Information Network – to support state and local health department functions and to provide information to the private sector to improve health care quality and safety.</p> <p>BioSense is a relatively new national program designed to improve the nation's capabilities for real-time biosurveillance and situational awareness. By providing access to data from hospitals and healthcare systems in major metropolitan cities across the nation, BioSense is connecting existing health information to public health in a way not previously possible. It is providing the immediate, constant, and comparable information needed to inform local, state, and national public health and to support national preparedness. As part of a new enhancement of the BioSense surveillance system, CDC has begun collecting ER data from 10 hospitals across the country including Aurora Health Care.</p>
<p>3. Centers for Medicaid and Medicare Services (CMS)</p> <p>Mark McClelland, Director</p> <p>www.cms.gov</p>	<p>Current activities related to Pay for Performance and leveraging health IT include:</p> <ol style="list-style-type: none"> 1. Hospital Quality Incentive Demonstration 2. Hospital 501(b) Reporting 3. Physician Group Practice Demonstration 4. Section 649 MCMP Demonstration 5. Chronic Care Improvement Program 6. Section 646 Medicare Health Care Quality Demonstration 7. Hospital Quality Alliance – Public Reporting 8. ESRD Disease Management Demonstration 9. Disease Management for Severely Chronically Ill Medicare Beneficiaries 10. Care Management for High Cost Beneficiaries 11. Premier Hospital Quality Demonstration 12. Physician Group Practice Demonstration 13. Medicare Health Support Program 14. Physician Voluntary Reporting Program

ORGANIZATIONS AND INITIATIVES	STATUS / NEWS
	<p>In March 2006 CMS issued a request for proposals for a test to study the feasibility of transferring claims data information into beneficiaries' personal health records. In addition to testing functionality, CMS wants information on the business and operational aspects of data exchanges.</p>
<p>4. Health Resources and Services Administration (HRSA)</p> <p>Elizabeth Duke, Administrator</p> <p>www.telehealth.hrsa.gov</p>	<p>The Office of Rural Health Policy in HRSA staffs the National Advisory Committee on Rural Health and Human Services. This is a 21-member citizens' panel of nationally recognized rural health experts, including Tim Size of Wisconsin that provides recommendations on rural health issues to the Secretary of HHS. The 2006 report issued in February includes a chapter addressing rural health IT and makes recommendations intended to make widespread HIT adoption a reality for rural providers. The recommendations address:</p> <ul style="list-style-type: none"> ▪ Universal Service Funds ▪ Advisory Groups ▪ VistA-Office ERH Software ▪ HIT Research Agenda ▪ Collaborative Grants ▪ HIT Performance Measures ▪ DOQ-IT <p>The Office of Advancement of TeleHealth has published a new set of technical resources for telemedicine. This is a 400+ page document that describes first steps in creating a successful program with chapters on cardiology, dermatology, disease management, electronic medical records for rural health systems, HIV/AIDS, home care, mental health, pharmacy, rehabilitation, school-based services, telehealth technology and trauma and emergency care. The work is based on successful initiatives in 10 sites including the Marshfield Medical Research and Education Foundation.</p>
<p>5. Office of the National Coordinator for Health Information Technology (ONC),</p> <p>David Brailer, Director</p> <p>www.hhs.gov/healthit</p>	<p><i>American Health Information Community (AHIC)</i></p> <p>This is the national advisory panel convened late in 2005 with 8 public sector and 8 private sector members, chaired by Secretary Leavitt. They have identified four priorities for immediate action:</p> <ul style="list-style-type: none"> ▪ Biosurveillance – including sending ambulatory and emergency department data in a standardized, de-identified format to public health agencies within 24 hours ▪ Consumer empowerment (1st project will be Rx history) ▪ Electronic health record (one of 1st projects will be to make records available to first responders) ▪ Chronic care monitoring (1st project will be secure messaging between consumer and physician) <p><i>Building the National Health Information Network</i></p> <p>Four sets of contracts have been awarded for infrastructure development:</p> <ol style="list-style-type: none"> 1. Standards – to harmonize existing standards, identify gaps and establish a process for adopting common standards, especially for the breakthrough areas that will be worked on early in the

ORGANIZATIONS AND INITIATIVES	STATUS / NEWS
	<p>process</p> <ol style="list-style-type: none"> 2. Certification criteria for electronic health record systems – to minimize risk in product selection. This has now been done for Ambulatory EHR and these certification requirements will be available this summer, with criteria for inpatient services ready next year. 3. Network for the national health information infrastructure – there are four contracts each to develop consortia of stakeholder groups to link architecture, set up prototypes and demos and to generate ideas. 4. Privacy and security – funds have been provided to the National Governors Association and Research Triangle Institute International. (NGA and RTI) to contract with states to figure out how to bridge variations in business practices across entities as well as legal issues to permit exchange of data while preserving privacy protections. It is possible that there will be follow-up contracts for implementation
<p>6. Veteran’s Administration www.va.gov</p>	<p>The VA has documented success in improving health outcomes for veterans by leveraging health information technology to ensure coordination of care for the veterans they serve. The VA has worked to encourage the adoption of health information standards, encourage public/private sector use of higher performance health information systems such as VistA, and supported the availability and use of personal health records through a program called HealthePeople. In an effort to promote adoption of electronic health record systems, the VA provides the VistA-Office software for use by other agencies.</p>
<p>National private sector organizations</p>	
<p>1. Certification Commission for Healthcare IT (CCHIT) Mark Leavitt, Chair www.cchit.org</p>	<p>The mission of CCHIT is to accelerate the adoption of robust, interoperable HIT throughout the US healthcare system, by creating an efficient, credible, sustainable mechanism for the certification of HIT products. It was launched by the American Health Information Management Association (AHIMA), the Health Information and Management Systems Society (HIMSS), and The National Alliance for Health Information Technology (Alliance) in 2004 as a voluntary, private-sector initiative to certify HIT products. CCHIT is planning to launch commercial certification of ambulatory EHR products in late April with the goal of announcing the first certified products in June 2006.</p>
<p>2. eHealth Initiative Janet Marchibroda, President & CEO www.ehealthinitiative.org</p>	<p>A new Connecting Communities Toolkit to improve healthcare through IT adoption and health information exchange has been released. The is a structured, how-to synthesis of principles and tools designed to equip states, regions and local communities with the information and expertise to begin or advance local health information exchange initiatives and organizations. eHI is sponsoring a national conference, Connecting Communities for Better Health on April 9-11, 2006 in Washington, DC featuring many speakers who are working on these issues across the country.</p>

ORGANIZATIONS AND INITIATIVES	STATUS / NEWS
<p>3. Leapfrog Group Suzanne Delbanco, CEO www.leapfroggroup.org</p>	<p>The Leapfrog Group is made up of more than 170 companies and organizations that buy health care. Leapfrog and its members work together to reduce preventable medical mistakes and improve the quality and affordability of health care; encourage public reporting of health care quality and outcomes so that consumers and purchasing organizations can make more informed health care choices; reward doctors and hospitals for improving the quality, safety and affordability of health care; and help consumers reap the benefits of making smart health care decisions.</p> <p>The 2006 Leapfrog Hospital Safety and Quality Survey is underway. Findings will be reported in July 2006.</p>
<p>4. Markle Foundation Zoe Baird, CEO Carol Diamond, Managing Director Health www.markle.org</p>	<p>The Foundation works to realize the potential of emerging information and communication technologies to address critical public needs particularly in the areas of health and national security. The Health Program is dedicated to accelerating the rate at which information technology enables consumers and the health systems that support them to improve health and healthcare and that the primary beneficiary of this opportunity is the patient. Bringing electronic connectivity to health care has the potential to empower patients by allowing them to control their own medical records in a secure and private manner. They have developed briefing papers on privacy and security issues.</p>
<p>Initiatives in other areas</p>	
<p>1. Province of Alberta, Canada www.health.gov.ab.ca/</p>	<p>The government will invest more than \$100 million in an electronic health record system that provides authorized physicians and pharmacists with immediate access to patients' records and drug purchase history. The Alberta Netcare system, which was announced last year already includes the information of 570,000 Alberta residents. The new funding will enable all of the roughly three million residents to be included in the database by 2008. The purpose is to improve patient safety and to curb illegal prescription drug trade and eventually to store lab results and diagnostic images.</p>
<p>2. Arizona www.azgita.gov/tech_news/2005/ehelth/E_Health.htm</p>	<p>The Governor issued an executive order in September 2005 creating an advisory board to develop a roadmap for statewide adoption of electronic health records and statewide exchange of information. Work teams are developing recommendations on clinical care, technical requirements, governance, financing and privacy. The Steering Committee appointed by the Governor issued a report in March 2006 with their recommendations.</p>
<p>3. California Lori L. Hack, CEO www.calrhio.org</p>	<p>CalRHIO was formed in 2005 as a statewide umbrella organization of more than 60 health care related organizations and government agencies to support the secure exchange of health information across California and promote adoption of health information technology. The first board of directors was elected in December 2005 and it will become an independent nonprofit organization in 2006. A stakeholders report describing the first year accomplishments and goals was released in January 2006.</p> <p>Their 2006 agenda for providing services to Regional Health Information Organizations in California</p>

ORGANIZATIONS AND INITIATIVES	STATUS / NEWS
	<p>includes the release of guidance documents for data sharing standards; recommendations for a statewide infrastructure to enable correct identification, location and access to patient records where ever they are located; and a recommended clinical data set to help data sources understand what they need to provide in data exchanges. They are working on standardized data sharing agreements that define terms under which data will be provided and exchanged, including protocols for handling sensitive data and monitoring who can access data.</p> <p>The organization is also readying its first pilot project to enable emergency departments to access information from such outside sources as pharmacies, labs and insurers. A request for information for the Emergency Department linking project was released in February 2006. Other pilots may test the use of personal health records and accessing medication data.</p>
<p>4. Minnesota www.health.state.mn.us/e-health</p>	<p>In 2004 the Legislature directed the development of a plan to accelerate the use of health information technology to improve healthcare quality, increase patient safety, reduce healthcare costs and enable individuals and communities to make the best possible health care decisions. A steering committee and work teams presented preliminary reports to the Governor, Legislature and stakeholders in mid-2005. Based on these recommendations the state established a new eHealth Advisory Committee in October 2005 to implement the recommendations and establish a Minnesota health information exchange. This includes providing recommendations on a current assessment of the use of health information technology in Minnesota; policies and actions to support implementation of a statewide interoperable health information infrastructure; creation of a plan for informatics communications, education and research programs; policies and procedures needed at the state level to ensure protection of confidentiality and security; and addressing specific needs and concerns of safety net hospitals, community health clinics and other health care providers who serve low-income patients.</p> <p>In his 2006 state of the state speech the Governor proposed a \$12 million matching fund to help providers acquire electronic health record systems.</p>
<p>Wisconsin public sector initiatives</p>	
<p>1. Medicaid Emergency Room (ER) Query System</p> <p>Mark Moody, Medicaid Director http://dhfs.wisconsin.gov/medicaid/index.htm</p>	<p>The Wisconsin Medicaid program is making an Internet query available to ER physicians so that they can track ER use by Medicaid recipients who are frequent users of emergency room care. This query will be phased in beginning with Milwaukee ERs this spring and then expanded statewide.</p>

ORGANIZATIONS AND INITIATIVES	STATUS / NEWS
<p>2. Public Health Information Network (PHIN)</p> <p>Ted Ohlswager, PHIN Director</p> <p>http://hanplus.wisc.edu/tutorial/download/index.htm</p>	<p>Wisconsin's PHIN (WiPHIN) is the public health information system for the state – it is based on the CDC national model and supports nine central functions, with the goal of integrating - on a secure web platform - statewide public health communications, informatics, distance learning, epidemiology and surveillance programs. Wisconsin has an advanced PHIN portal and is a national leader in integrating public health applications using national standards. WiPHIN recently acquired the Statistical Analysis Software (SAS) Business Intelligence (BI) Server. It provides advanced statistical analysis, visualization, and reporting (AVR) capabilities.</p>
<p>3. Robert Wood Johnson Foundation grants to Wisconsin for Health IT</p>	<p><i>Horizons grant – Project Director Margaret Schmelzer DHFS</i></p> <p>DHFS has received funding of \$40,000 to support “Wisconsin’s Public Health and Policy Horizons Conference” in the summer of 2006. The purpose is to disseminate findings from the RWJ funded Turning Point Initiative, describe population based surveillance, web-based statewide and local data tracking systems and population based evidence based practices to accelerate full public health systems engagement of public health, health care and environmental health. This grant will also be used to help support the expenses for local and public health staff to participate in the eHealth work groups established by the eHealth Board.</p> <p><i>Information Links – Principle Investigator Larry Hanrahan DHFS</i></p> <p>Awarded December 2005 to the Wisconsin DHFS to support the development of Regional Health Information Organizations (RHIOs). The Foundation’s program, Information Links: Connecting Public Health with Health Information Exchanges is designed to accelerate the innovative and effective use of information technology by state and local public health agencies. Twenty-one grants of up to \$100,000 were awarded to state and local health departments and public health institutes for 12-month projects. The grantees are working with health care providers to improve the use of regional data sharing networks or health information exchanges. In Wisconsin the key collaborations are with two organizations in south central Wisconsin that are developing a plan to create a RHIO – the Madison Patient Safety Collaborative and the Rural Health Care Cooperative - and with the Wisconsin Health Information Exchange, an existing RHIO In southeast Wisconsin</p> <p><i>Catalyzing Health Information Environment to Support Individuals and Families – Program Director Patti Brennan, Professor of Industrial Engineering and Nursing, UW Madison</i></p> <p>This new program will focus on developing effective personal health records (PHRs) that reflect the needs of patients who use them and that support a wide range of add-on functions and services. The program will encourage the market to develop a variety of products that will meet the diverse needs of patients. There will be two rounds of grants to organizations or consortia of multiorganizational teams to develop both patient centered designs for PHR systems and prototypes of these systems. The intent is to shift the focus from designing PHRs from a provider-out perspective, in which the PHR is seen as</p>

ORGANIZATIONS AND INITIATIVES	STATUS / NEWS
	an instrument of the health care delivery system to a person-centered perspective, in which PHR systems are designed to support the individual with the help of their associates in managing their own health.
<p>4. University of Wisconsin Computer Sciences Department</p> <p>Raghu Ramakrishnan, Professor, Computer Sciences Department</p>	<p>The University of Wisconsin Computer Sciences Department has received a grant from the National Science Foundation (NSF) CyberTrust Program to work on “Goal-Oriented Patient Privacy Preservation” to study how researchers currently obtain sensitive data from sources such as Wisconsin’s cancer registry and to develop a framework that allows those responsible for maintaining the data to systematically determine how much detail can be divulged without comprising appropriate privacy policies.</p>
<p>5. University of Wisconsin Health Innovation Program</p> <p>Dr. Maureen Smith, Director</p>	<p>The goal of this program is to develop a national model of excellence to improve health care delivery and outcomes for the people of Wisconsin. It activities will be focused on translational research, quality improvement and statewide education. The program was established in 2005 with funding from the Wisconsin Partnership Fund and local Wisconsin health care systems.</p>
<p>Wisconsin private sector organizations and initiatives</p>	
<p>1. Employer Health Care Purchasing Alliance Cooperative</p> <p>Paul Meyer, Chief Operating Officer</p> <p>www.alliancecoop.com</p>	<p>A nonprofit cooperative based in Madison that purchases health care on behalf of its members to increase access to affordable, high-quality health care, and to support dramatic improvement in community health status. Recognized nationally for its achievements and leadership, the Alliance was founded in 1990 by seven local employers who wanted to manage their health benefit costs more effectively, by purchasing on value, not just cost; educate employees on how to be better health care consumers and to promote competition among local health care providers. Current membership is broad based with 25 members representing both large and small employers. The organization is active in public policy at local and national levels.</p>
<p>2. HIPAA Collaborative of Wisconsin (HIPAA COW)</p> <p>Catherine M. Boerner, President</p> <p>www.hipaacow.org</p>	<p>A nonprofit organization created by major Wisconsin public and private healthcare organizations to assist covered entities, business associates, and other interested parties in implementing the practices required by the Administrative Simplification provisions of HIPAA. Activities include public education about the impact of HIPAA, identification of best practices, and identification and elevation of regulatory issues in a non-partisan manner. Subcommittees include: Privacy Taskforce; Policies, Procedures, & Operations; Pre-emption; EDI Task Force; Security (Administrative and Physical).</p> <p>The spring conference will be April 28, 2006 in Wisconsin Dells.</p>

ORGANIZATIONS AND INITIATIVES	STATUS / NEWS
<p>3. Madison Patient Safety Collaborative</p> <p>Kendra Jacobsen, Administrator Carl Getto, Chairperson</p> <p>www.madisonpatientsafety.org/</p>	<p>A nonprofit organization formed to provide structure for area healthcare providers to work collaboratively to develop, share and implement patient safety solutions and now exploring the level of interest among their members to create a RHIO for south central Wisconsin. This group was identified in the DHFS grant application to the Robert Wood Johnson Foundation as one possible organization to develop another Wisconsin RHIO and is now working with the Rural Wisconsin Health Cooperative on a proposal to DHFS for start-up funding.</p>
<p>4. MetaStar</p> <p>Greg Simmons, President and CEO</p> <p>www.metastar.com</p>	<p>A nonprofit health care Quality Improvement Organization (QIO) based in Madison, Wisconsin that is focused on creating a health care system that is safe, effective, patient-centered, timely, efficient, and equitable. On behalf of the national DHHS the organization recently prepared an assessment of the rate of adoption of health IT by Wisconsin providers and is leading the DOQ-IT project on behalf of Medicare in Wisconsin to assist small and medium physician office practices with establishing the business case for EHR systems.</p> <p>MetaStar also leads the 100,000 lives campaign in Wisconsin – a national initiative launched in 2004 by the Institute for Healthcare Improvement with the goal of saving 100,000 lives among patients in hospitals through improvements in the safety and effectiveness of care.</p>
<p>5. Rural Wisconsin Health Cooperative</p> <p>Tim Size, Executive Director Louis Wenzel, Director of Health IT</p> <p>www.rwhc.org</p>	<p>A nonprofit cooperative owned and operated by twenty-nine rural acute, general medical-surgical hospitals – its members are actively working on health information initiatives including providing a shared infrastructure for their members, a technology management program, and organizing a shared electronic health record task force to determine the feasibility of collaborating on a common integrated hospital information system. The Agency for Healthcare Research and Quality awarded a planning grant to the organization in October 2004 to begin work on behalf of a collaborative of 19 healthcare organizations, both rural and urban, to improve the quality of care and efficiency of service delivery by leveraging health information technology.</p>
<p>6. Safe Care Wisconsin: Partners for Advancing Health Care Safety</p> <p>Angie Biersack, Business Development Associate, MetaStar</p>	<p>A statewide organization focused on patient safety that is staffed and supported by the Wisconsin Quality Improvement Organization, MetaStar. The mission is to facilitate the development of partnerships to promote the safest health care in Wisconsin. The organization is now planning their first initiative – to educate consumers about medication reconciliation and the importance of an accurate medication list</p>
<p>7. Wisconsin Collaborative for Healthcare Quality</p> <p>www.wiqualitycollaborative.org</p>	<p>A nonprofit organization established in 2003 to promote healthcare quality improvement. There are now 25 member organizations representing multi-specialty physician groups, hospitals, health plans, employers and labor organizations from geographically diverse areas of the state. The Collaborative has published two Performance & Progress Reports which include quality and cost data using measures based on the Institute of Medicine's Six Aims for Improvement and is recognized as a national leader in establishing Pay for Performance programs.</p>

ORGANIZATIONS AND INITIATIVES	STATUS / NEWS
	<p>In March 2006 the national Ambulatory Quality Care Alliance announced six sites, including the Collaborative for a pilot project that will for the first time combine public and private information to measure and report on physician practice in a meaningful and transparent way for consumers and purchasers of health care. This project is supported by funding from AHRQ and CMS.</p> <p>The Collaborative is co-sponsoring a Conference on Efficiency in Health Care with AHRQ in Madison May 23 – 24, 2006. The focus is on efficiency in health care: What does it mean, how is it measured and how can it be used for value-based purchasing.</p>
<p>8. Wisconsin Health Information Exchange (WHIE)</p> <p>James Wrocklage, Chair</p> <p>whie.imedi.org</p>	<p>A membership organization of healthcare entities designed to create, govern and continuously improve regional exchange of health information. The organization received a \$100,000 grant for start-up costs from the national Connecting Communities for Better Health. Their initial focus is on high-value information identified by their members: patient medications and vaccinations, allergies, diagnoses and problem lists, identities of other professionals working with the patients and diagnostic test results. The organization has adopted interim by-laws and membership fees for 2006, elected their first Board of Directors and made application to the IRS to establish itself as a nonprofit organization.</p>
<p>9. Wisconsin Health Information Management Association (WHIMA)</p> <p>Sandy Beeson, Executive Director</p> <p>www.whima.org</p>	<p>A nonprofit organization providing leadership for the management of health records in Wisconsin. WHIMA cultivates innovative concepts for improving the management of patient health record systems and offers high-quality training in all aspects of health record management and their products and services provide guidelines for confidentiality of patient information, advance workforce excellence and to foster best practices in health information management. They have assembled a "toolkit" for members that references 31 sources of information surrounding the issues concerning privacy and confidentiality of patient health information.</p>
<p>10. Wisconsin Health Information Organization (WHIO)</p> <p>John Toussaint, Board Chair</p>	<p>A nonprofit organization established in August 2005 to create the state's largest warehouse of information on the cost and outcome of health care provided by hospitals and doctors. This is a voluntary partnership - founding organizations are Blue Cross Blue Shield of Wisconsin, Greater Milwaukee Business Foundation on Health, Humana, the Alliance, United Healthcare of Wisconsin, WEA Trust, WPS Health Insurance, Wisconsin Collaborative for Healthcare Quality and the Wisconsin Medical Society. Health information from the member organizations will be aggregated, analyzed and reported to help members improve their services, for public reporting and to support purchasing for value. Legislation introduced in the Wisconsin Legislature in January 2006 with bipartisan support authorizes the Departments of Employer Trust Funds and Health and Family Services to contract with this data organization to collect, analyze and publicly report certain health care claims information from insurers and administrators and to develop and maintain a central data repository. The purpose is to improve the information about healthcare quality and cost that is available to providers of care, to purchasers of care and to consumers. This contract will be established in the spring of 2006.</p>

ORGANIZATIONS AND INITIATIVES	STATUS / NEWS
<p>11. Wisconsin Hospital Association (WHA)</p> <p>Steve Brenton, CEO</p> <p>www.wha.org/</p>	<p>Representing more than 100 Wisconsin hospitals, this association publishes health care quality and safety data for the benefit of the public. Key initiatives include their CheckPoint and PricePoint reports and participation in the national 100,000 Lives Campaign. The association has joined forces with the Wisconsin Collaborative for Healthcare Quality to jointly sponsor a web site to present information to the public about health care quality</p>
<p>12. Wisconsin Medical Society</p> <p>Susan Turney, CEO</p> <p>www.wisconsinmedicalsociety.org/</p>	<p>The largest association of physicians in the state, representing more than 10,000 physicians. Committed to active involvement of physician leaders in the design and implementation of quality improvement initiatives, the organization is a founding member of WHIO, is a participant in the Information Links project and has passed a resolution calling for widespread electronic health record adoption.</p>